

The Cloak

The VISN 3 Palliative Care E-Newsletter

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VISN 3 Palliative Care Program Update:

FY 09 A Year in Review Submitted by Therese Cortez, NP, ACHPN & Carol Luhrs, MD



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SAVE THE DATE!!!

VISN Palliative Care Quarterly Meetings

Location: JJP- Bronx VAMC
Conference Room 3D-22 from
8:30AM-2:00PM

January 26, 2010

April 27, 2010

June 22, 2010

September 28, 2010

Monthly VISN Palliative Care Noon Case Educational Audio conferences: Every 3rd Thursday of the month at 12:00PM (Dial-in number: 1-800-767-1750 / Access code 12666#)

November 19, 2009 at 12:00PM

December 17, 2009 at 12:00PM

February 18, 2010 at 12:00PM

March 18, 2010 at 12:00PM

VISN 3 Palliative Care Leadership Training (PCLC)

March 15-16, 2010 (Location TBA)

As we conclude FY 09, we are able to look back to a year filled with many VISN Palliative Care activities, innovative initiatives and enormous growth and development of our program. Our VISN Palliative Care Program continues to strive towards our program's mission of honoring veterans' preferences for quality care at the end of life across all our sites and venues of care. We continue to innovatively expand our network-based program with our commitment to access, quality, clinical excellence, education and partnership with our hospice community.

We began FY 09 with the transition from our VISN- administered Bereaved Family Survey (BFS) to the participation with the National BFS, which is administered by Dr. Dave Casarett's PROMISE Center at the CHERP (Center for Health Equity Research Practice). In January 2009, we officially became a member of the National BFS Initiative and joined 11 other VISNs in the national roll-out. The National BFS interviews families of veterans who die with and without PC in our acute and CLCs. While this is a new experience for our VISN to receive information from families of veterans who died without

Palliative Care consultation, this allows us to identify where we can further expand our care and offer opportunities for improvement. Our experience with the survey administration and use of the data to instrumentally implement quality improvement initiatives places our VISN in a unique position to share our best practices. We are looking forward to our VISN's active involvement with the National BFS QI initiatives, led by Dr. Carol Luhrs, who is also heading the National VA Comprehensive End of Life Care (CELC) Implementation Center initiatives. We are anticipating the next set of data to be released from the CHERP during 1st Q FY 2010, as this provides us valuable feedback about the end of life care we are providing our veterans and their families during the last few weeks of his/ her life. We will continue our active feedback and discussion of the survey data, and identify measurable quality improvement interventions to enhance the delivery of end of life care to our veterans and their families.

Our VISN Palliative Care Face to Face Quarterly Educational Meetings continue to provide our teams an active opportunity to network,

share best practices and learn from one another. Our January 2009 featured Dr Joseph Weinstein, Chief Consultation Liaison Psychiatry at the North Shore University Hospital/ Manhasset, who spoke about "Four Disconnects, Four Opportunities: Improving Medical Decision Making Near the End of Life." During this Quarterly Meeting, the Northport PCCT was awarded the 2008 VISN Palliative Care Outstanding Team Award. At our April 2009 Quarterly Meeting, Mary K. Jones, Director of Family Support Services at the Hospice and Palliative Care of St. Lawrence Valley, offered our team members insight on the "The Grief Tool Box." We were honored to have Dr. Nathan Goldstein speak about Personality Disorders in Palliative Care during the June 2009 Quarterly Meeting. Our September 2009 Quarterly Meeting featured Dr. Steve Passik, a nationally known psychologist who presented "Clinical Aspects of Risk Management in Opioid Prescribing."

We embarked on an innovative Comfort and Communication Quality Initiative with our ICU (continued on Page 2)

A Note From The Editor

Submitted by Judith L. Howe, PhD

Welcome to the 7th year of The Cloak, the official newsletter of the VISN 3 Palliative Care Program! As I look back to 2003, when we launched The Cloak, I am struck by how much has been accomplished in palliative care in VISN 3. I am truly proud and honored to be a small part of such a vibrant, successful, and innova-

tive community geared to providing quality care to Veterans at the end of life. With this issue of The Cloak I would like to introduce our new Managing Editor, Annette Atanous, MSSW. Annette, a graduate of the Columbia University School of Social Work, has been an Education Specialist in the

GRECC for a little over a year. She and I plan to publish The Cloak four times a year, so please consider writing an article for submission, and be sure to let us know about all of your accomplishments.

Best, Judy Howe



Palliative Care Resources/Announcements

The International Association for Hospice and Palliative Care (IAHPC) has announced the launching of *Pallipedia*, a free online palliative care dictionary to be built by the international community, under the auspices of IAHPC. The dictionary is housed in www.pallipedia.org.



The Consortium of New York Geriatric Education Centers (CNYGEC) offers evidence-based and interactive training sessions on a wide range of issues, health conditions and service delivery models to healthcare professionals and students, academic faculty, and others who provide services to older adults. New this year is a 40-hour clinical training program geared to front-line primary care providers working with the elderly. Mount Sinai School of Medicine is accredited by Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians for all CNYGEC trainings. **At American Nurses Credentialing Center, the certification program does accept CME hours for nurses re-certifying.** Please see our brochure for details. Participants can mail in the registration form or register online.

A Year in Review

(continued from Page 1)

teams to improve palliative care for all patients in ICUs in the VISN. We are honored to collaborate with Dr. Judith Nelson from Mt. Sinai School of Medicine, a national leader of efforts to enhance comfort and communication in the ICU using ten quality indicators. Under Dr. Nelson's guidance, we began the implementation of these quality Comfort and Communication indicators to improve palliative care in the VISN 3 ICUs. As a result of our interventions to assist in the implementation of the Family Meeting, a key component of the Comfort and Communication quality measure, we developed a toolkit, which includes a planner, family meeting documentation template and family meeting guide, accepted for publication in the *Journal of Critical Care*, 2009 "Family Meetings: making them simpler. Our face to face VISN ICU- PC task group meetings, in November 2008, February 2009 and June 2009

allowed us the opportunity to strengthen our collaboration and identify areas to further improve comfort and communication in the ICU.

FY 09 was also a year that the Palliative Care program grew at the National level, with the expansion of the CELC initiatives. Committed to enhance program growth through increased staffing, VA Central Office funded an additional 1.5 FTEE staffing on the PCCT at the facility and VISN level. Funding opportunities to support program development were also awarded to the Bronx, Brooklyn, New York, Hudson Valley, East Orange and Northport. Lyons and St. Albans were awarded 3-year funding to support the staffing of a new HPC unit.

Similarly, with the growth and expansion of the PC program nationally, our program has become a model for the development of VISN PC Programs

throughout the VA system. The current national VA Initiative provides funding for a Program Manager and Director in each of the 21 VISNs, largely based on the successful model adopted in our VISN since 2003. Much of what has been implemented in our VISN Palliative Care Program is being emulated by other VISNs nationally. Our documentation templates, VISN standards and tools have been disseminated to other VISNs and are currently in use by the clinical teams in many VA facilities throughout the nation. We look forward to our active participation with the National CELC initiatives, mentorship and collaboration with other VISNs, and continued efforts to promote growth and excellence.

In August 2009, our VISN 3 Palliative Care Program applied for the prestigious American Hospital Association's 2010

Circle of Life Award, which recognizes innovative palliative care programs. We look forward to hearing from the Circle of Life Committee during FY 2010.

With many exciting initiatives ahead of us for the next FY, we would like to take this opportunity to express our gratitude to each of you for your remarkable commitment and dedication to our VISN Palliative Care Program initiatives and goals, and for your compassionate care to our veterans and their families at the end of life. Thank you for making our VISN 3 Palliative Care Program what it is today and we are excited to see where FY 2010 will continue to take us...





WORDS OF HEALING

To Molly With Love

Submitted by Chaplain Paul Swerdlow

It has been several months since my wife died. While there are times when I become teary and sad, I have not been overcome with grief. As a chaplain who has often dealt with the grief of others, I wanted to understand why I was handling my own grief so well.

It all began with the twenty five years that Molly and I shared. We had truly found our b'shart, the one who completes the other; the one who loves the other for whom they are and makes them better. We shared a very deep love which we conveyed to one another with a word, a look, a touch. But there was much more than just love. I could share anything with her for she was my best friend as I was hers. There was a deep and abiding respect that we had for one another. All of this combined to create beautiful memories. When I become sad, I allow my mind to travel back through time to relive those wonderful memories.

But there is more than just memories that I have of her. She has become a part of me. I am a different person and a better person because of her. There are times when I spontaneously

think what would Molly have done in this situation. To share an anecdote, we had finished the first part of the Passover Seder and had finished dinner. Everyone was having a leisurely conversation with each other. I was getting impatient and wanted to conclude the reading of the Haggadah. As I was about to say something, I imagined Molly saying to me "they are enjoying themselves. Let them talk" and so I did. Fifteen minutes later, the Seder continued.

I have been blessed with a wonderful support system. From our staff to our volunteers, from our patients to my family, people have shown that they genuinely cared for Molly and they care for me. Several months after her death, they are still asking how I am doing. They are there to give me a hug when I need it and a listening ear when I need to vent.

I am able to talk about Molly in a natural way – to share something she taught me about love with a wedding couple that I am counseling; to remind someone to put on a seat belt before they begin to drive as Molly so often would remind me. Her body may have died but our love has survived.

Since her death, I have received three prestigious awards. Perhaps she has been pulling some strings. It made me realize that the work I do is meaningful. What better way to honor her memory then to continue to make a difference in people's lives. I know that I have an impact not only at my medical center but nationally. Life is meaningful and challenging.

Yet I have not become a workaholic. I do not work and then wallow in my apartment. I'll go to a movie or a museum. I'll go to the beach with a book after work to relax. I'll go out for dinner with a friend and enjoy the hospitality of friends for a barbecue. Life continues.

Most of all, there is family. I cherish talking with the children on the telephone, watching my grandsons play sports, reading the insightful writing of my seventh grade granddaughter, seeing the delight on a granddaughter's face as we go shopping together for her birthday gift, trying to keep up with my two and a half (can't forget the half) year old granddaughter. Each of my six grandchildren represents the gift that Molly has left me. I gave my oldest granddaughter a flag with instructions to give it to the next oldest at her Bat Mitzvah until he passes it

on to the next at his Bar Mitzvah and so on to each grandchild. One day there will be a great grandchild who will be named Molly. She will be the final recipient of the flag. Molly will never be forgotten.



Description of VISN 3 FY 2010 Quality and Educational Initiative to Enhance Comfort and Communication in the ICUs: Communication Skills Lab for Critical Care Nurses

Submitted by Therese Cortez, NP, ACHPN

Improving palliative care for all patients in the Intensive Care Unit (ICU) through enhanced comfort and communication is one of the VISN 3 Palliative Care Program Quality and Educational Initiatives. A VISN ICU Palliative Care task group has been established with representatives from all 5 ICUs in VISN 3, including ICU Attendings, nurse managers, ELNEC ICU-trained nurses, social workers, chaplains and leaders of the palliative care teams. The VISN ICU task group has been collaborating with Dr. Judith Nelson, intensivist at Mount Sinai Medical Center, NY, NY, who has developed, published and presented extensively on a set of national quality measures known as the "Comfort and Communication" bundle, to improve palliative care in intensive care units. Under the guidance and mentorship of Dr. Nelson, VISN 3 has been developing strategies to implement the Comfort and Communication Quality Measures as part of our VISN 3 Quality and Educational Initiative.

An integral aspect of incorporating the Comfort and Communication Quality Measures into daily clinical practice is to empower the ICU nurses and staff with the communication skills to provide quality palliative care to veterans and their families. One teaching method to help the ICU nurses effectively communicate and actively participate in interdisciplinary family meetings is to provide the education directly to them through an innovative, interactive Communication Skills Lab suitable to the ICU setting.

The Communication Skills Lab will be administered by a nurse-physician model approach, co-facilitated by Dr. Judith Nelson and Kathleen Puntillo RN, PhD of University of California at San Francisco, an expert in nurse-physician communication in the ICU. They have published and taught extensively on communication among members of the ICU team, particularly physicians and nurses. Under the mentorship and guidance of Drs. Puntillo and Nelson, the ICU nurses will participate in a series of face to face 1 day Communication Skills sessions. During these skills labs, the ICU nurses and staff will be given the foundation to effectively communicate with physicians, other staff, veterans and families in their ICU. The participants will be given the opportunity to discuss challenges and barriers to effective communication, learn how to successfully negotiate with physicians and other members of the health care team, and actively participate in the interdisciplinary family meeting through role play and interactive dialogue.

Drs. Puntillo and Nelson will continue to work with our ICU team and VISN ICU Task group to identify, utilize and adjust methods for successful implementation and evaluation of the Comfort and Communication Quality Measures through monthly task group and quarterly face to face meetings. The development of educational materials for the front line staff and veterans and families will also be developed for this ICU quality and educational initiative. The success of this program will be measured using Comfort and Communication quality indicators. We will be measuring the improvement in the rate of interdisciplinary family meetings held by Day 5 of the ICU stay.

Remembrances and Rituals

Submitted by Patricia O'Rourke, RN, MA, BC, CCRN, and CHPN



Do you remember your first patient who died? Mr. B in Room 424, bed 4. I held his hand and said the rosary with him. When his wife came in, I hugged her and we both cried. My nursing instructor called me aside. Told me I was too emotionally involved with my patient and maybe I should think of another career. 46 years later, I still pray with my patients and their families and still hug them. I've gone to memorial services and funeral Masses. The family introduces me, "This is Patti, and she was one of the nurses who took care of Bill". I tell and show families to hold the pt's hand for they are holding his heart or show them how to mas-

sage specific areas on hands and/or feet for comfort. I tell them to bring in favorite readings or music. I've sung hymns at the bedside. I've sent sympathy and Mass cards. My family wasn't in to visiting the grave yard on anniversaries and holidays. I do have friends that do it religiously and also bring their children. I remember my first graveyard I made with popsicle sticks for any dead bird, or worm that I found. At Mass I list those whom I want especially remembered, including family, friends, and patients.

I have always admired Hospice remembrance rituals. From monthly services to the annual

Hospice Christmas trees bought and decorated by families, businesses, church groups and other community groups for the whole town/community to bear witness.

One year, our local church sent out invitations to all families/individuals that had lost someone that year. It was to remember and celebrate on All Souls Day. They wrote on slips of paper what they wanted to say and we burned the notes and planted the ashes with a new bush for the garden and hung their names on the bush. That ritual began our parish bereavement ministry because some asked to come back the

next week and we did so as a group for 3 months.

By far, my favorite ritual is where any of the hospital staff crochet a snowflake to remember each patient who died in the past year. Again family and friends and staff are invited to a memorial celebration using the snowflake. Families get to speak and remember. They are so touched, they ask if they can come back again next year...





Accomplishments and Awards



Congratulations to Linda Spencer, MSW for receiving the 2009 Under Secretary of Health Award for Excellence in Social Work Practice. Linda is the Hudson Valley VA PCCT Social Worker. She was selected by an interdisciplinary group in Central Office and will be given the award at an Executive Meeting in Washington, D.C.

Congratulations to the Northport VAMC Palliative Care Team for receiving the 2008 VISN 3 Palliative Care Program Outstanding Achievement Award. The Northport VAMC Palliative Care Team demonstrated excellence in all 3 of our VISN Palliative Care Goals: 1. Access to hospice and palliative care: improvement in the penetration of Palliative Care in all venues of care; 2. Ensure expertise of staff through staff education at the front line level and increase of staff certification in hospice and palliative care; 3. Enhance quality of care throughout measurable outcomes and implementation of innovative QI initiatives.

Congratulations to Aneita Morgan, RN, who was selected as the National winner for the Secretary's Award for Excellence in Nursing and the National winner of the Secretary's Hearts and Hands Award.

Congratulations to the VA New Jersey Health Care System at Lyons for their opening of a new Hospice and Palliative Care Unit in September 2009.

Congratulations to the James J. Peters VA Medical Center Palliative Care Interprofessional Fellowship Program for receiving a 3-year accreditation from the Accreditation Council for Graduate Medical Education (ACGME) in September 2009.

Many congrats to those individuals from VISN 3 who are now Hospice & Palliative Care Certified:

BRONX	TYPE	LYONS	TYPE	NORTHPORT	TYPE
ROBYN ANDERSON, MSN	APN	LOVELEEN SIDHU, MD	MD	JOSEPH CALANDRINO, MD	MD
DOROTHY WHOLIHAN, NP	APN	ZAHIRA SHAMSI, MD	MD	CHARNETTE SIMPSON, RN	RN
ELIZABETH CLARK, MD	MD	AHMAD FAROOQ, MD	MD	MARY BERGEN, RN	RN
PAULINA KIM, MD, MPH	MD	JANE LUO, MD	MD	PATTI OROUKE, RN	RN
DAN DEGYANSKY	CHAP	MARIANNE GILL, MSW	SW	KENNETH KRIBS, RN	RN
BROOKLYN	TYPE	NATALIE CALLENDER, MSW	SW	REGINA SCOTT-DALL, RN	RN
ALICE BEAL, MD	MD	JANICE C. KNOWLES, RN	RN	NANCY PIWOWARCZYK, RN	RN
NANCY HALISKOE, NP	APN	BARBARA ARROWSMITH, RN	RN	MARCELLA FAGAN, RN	RN
LOUISA DARATSOS, MSW	SW	HUDSON VALLEY	TYPE	MARYANNE TIERNEY, MSW	SW
ST. ALBANS	TYPE	JOBY DAVID, NP	APN	VISN	TYPE
ARLENE BLACKETT, NP	APN	VINEESH BHATNAGAR, MD	MD	CAROL LUHRS, MD	MD
TRULA HUDSON, NA	NA	ANNA PLICHTA, MD	MD	THERESE CORTEZ, NP	APN
PECOLA WHITE, NA	NA	SUPRIYO DAS, MD	MD		
EAST ORANGE	TYPE	RAKEESH MEHTA	MD		
NANCY BAE, MD	MD	SANDRA DUMENG, RN	RN		
VICTOR CHANG, MD	MD	JEAN BETTI, RN	RN		



Spotlight: The Community Living Center at Lyons, New Jersey

Submitted by Meihsien Wu, RN, MSN

The Cape Hope staff is initiating and implementing the "Cape Hope GOT Talent" program with residents in the CLC at Lyons, NJ. As a result of the program, staff and residents are interacting, talking, and laughing a lot more, enjoying their time together!!! Here are some program highlights:

MONDAY: Culture Day- Enjoying music and food from other cultures THURSDAY: Happy Hour- Birthday and life celebrations
TUESDAY: Paint Fest Day- Painting and drawing together FRIDAY: Cape Hope Idol- Karaoke
WEDNESDAY: Dancing Day- Dancing together



Honoring Our Fallen Submitted by Brian Farran, PhD and Christine Betros, LSW

As members of the Palliative Care team based in the VA Community Living Center (CLC) in Lyons, New Jersey, we are always self-evaluating our practice and looking for ways to improve our craft and the services we provide. Earlier in 2009, we lost two Veterans within days of each other. Prior to dying, each of the deceased enjoyed an exceptionally close relationship with his respective roommate. For one roommate pair, their relationship as friends and fellow lodge members spanned over 25 years. The other pair met much more recently, in the CLC as palliative care patients. They forged a deep friendship, as together in spirit they confronted their terminal disease processes and imminent deaths, side by side and showing great compassion, concern, and love for one another.

When the two Veterans died, it created a "teachable moment" for the team. We noticed the palpable grief and loss that their roommates were coping with, and also the impact that two consecutive deaths within days had on our staff caregivers. In response to the need for healing and togetherness in this difficult and emotional time, the team decided to take action.

Subsequently, the CLC Pallia-

tive Care team in Lyons, NJ recently implemented a unit-based memorial service to commemorate and honor our Veterans after they pass away on the Palliative Care unit. The Honoring Our Fallen Memorial Service is held on Friday afternoon in weeks wherein one or more Veterans departs this stage of existence, so the sense of loss is still relatively fresh and we honor the need for an immediate sense of community and healing accordingly. This small, intimate gathering of Veterans and staff caregivers typically lasts about 30 minutes, and is co-facilitated by Palliative Care team members Brian Farran, Ph.D. (Psychology) and Christine Betros, LSW (Social Work). Signs are posted in various places in the CLC prior to a service.

The Honoring Our Fallen Memorial Service provides a wonderful opportunity for the CLC family to come together in recognition of one of our fallen heroes who we have cared for and saw through to their final moments on this Earth. It is a safe space to share, to grieve, to pay final respects, and to bond with each other as human beings who experienced a loss of someone we cared about and respected.

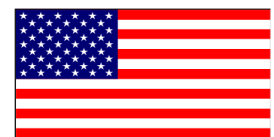
Honoring Our Fallen welcomes any and all Veterans who would like to attend, and staff across

disciplines who provide care. Past services have involved Physicians, Nursing, Social Work, Mental Health, Chaplain Services, PT, OT, and RT. Caregivers from Planetree, Housekeeping, Food and Nutrition, Speech Therapy, and Facilities Management have also attended. The service is open to all those who wish to commemorate the life of a Veteran who bravely served their country, and has now risen upon the horizon of a perfect endless day.

We encourage participants to speak from the heart and to be open and honest with what they are experiencing in the room. In past services, we have seen Veterans speak lovingly about relationships they shared with the deceased, and offer heartfelt words of remembrance and hopes that the deceased are in a better resting place. Some Veterans have chosen to read inspirational passages from the Bible, while others have shared poems that hold special meaning for them. Staff members have also shared in a personal and heartfelt way their experiences of the deceased, at times with smiles, at other times through tears, and sometimes with both. Chaplain Services offers words of spiritual and emotional support, and in conclusion participants bow their heads in a

moment of silent reflection as "Taps" is played. After the service concludes, most everyone usually expresses how meaningful the service was and how grateful they are for having had this moment of emotional and spiritual connectedness with each other, and also with the memories of the dearly departed. The experience has seemed particularly relevant for staff. The ongoing stress and demands of caring for dying patients often seem to overshadow the more emotional, human elements of the work we do. By coming together in this honest, intimate way following the death of a Veteran, our team members gain strength and emotional support from each other in a genuinely special moment in time. We focus mindfully and compassionately on the deceased Veteran and our other Veterans, and also on our own internal experience of loss and that of our fellow caregivers.

The Lyons Palliative Care team will continue to refine and develop the Honoring Our Fallen Memorial Service as time goes on. But judging from the tears and hugs shared by both Veterans and staff, and the genuine sense of love and compassion that seems to be in the room in the services held to date, we seem to be on the right track.





Welcome to this year's VISN 3 GRECC Palliative Care Fellows

Parampal S. Bhullar, MD completed the Geriatric Fellowship Program at Winthrop University and his residency in Internal Medicine at Wyckoff Heights Medical Center. He received his MBBS in Medicine and Surgery from Kasturba Medical College, Manipal University in India. He was the University table tennis champion for 4 years in India. He desires to provide compassionate and comprehensive medical care to treat the whole patients and work with the patient's families and other specialists. According to one of his former director's, some of his outstanding traits are "...a calm confidence, humility and a sound knowledge base ...his views are quite thought provoking." He brings energy, enthusiasm, a strong work ethic and a desire to learn new things to the GRECC program.

Mary J. DeNyse, MSW received her MSW from Columbia University in May 2009. In the prior year, Mary worked as the only live-in resident assistant at Joseph's House in Washington DC, a hospice facility that provides 24-hour care for the homeless with AIDS and terminal cancer. Mary completed internships at Beth Israel Medical Center and The Safe Homes Project in Brooklyn. Mary has been able to work with clients experiencing challenging issues, demonstrating a sincere sense of understanding and empathy. Mary states "...a good death is a right, not a privilege. Death is a fascinating, unavoidable and important process in life."

Julia A. Drzycimski, PsyD received supervised clinical training at the New York Harbor Manhattan Campus VA and, in the prior year, completed a psychology externship at Brooklyn VA Hospital in order to receive her PsyD from Ferkauf Graduate School of Psychology, Yeshiva University. During her time at New York Harbor campuses, she followed four outpatients, co-led a bereavement and anger management group and psychoeducational workshop on Hepatitis C in addition to providing the palliative care team with psychotherapy intervention to patients and their families on the palliative care and oncology units. So far, Julia's experience has "demonstrated the importance of appreciating one's past in understanding their present medical and psychological state."

Robert J. Paulino, MD completed his residency at the Mount Sinai Bronx Internal Medicine Residency Program. He received his Doctor of Medicine from University of the Philippines, College of Medicine. Robert has participated in clinical research and co-authored in several peer reviewed publications. His prior supervisor states, "...his degree of empathy and concern that he demonstrates.... is exemplary. He is personable, responsible and well-liked by his peers and is an effective team player." Dr. Paulino writes "all patients can benefit from a nurturing and support that goes beyond the human anatomy and physiology." He hopes "to be remembered as THAT doctor who made a difference."

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Publisher

James J. Peters VA Medical Center
VISN 3 Geriatric Research, Education
& Clinical Center (GRECC)
Albert Siu, MD, MSPH
Director, VISN 3 GRECC

Executive Editor

Judith L. Howe, PhD
Associate Director/Education and
Evaluation, VISN 3 GRECC

Managing Editor

Annette M. Atanous, MSSW
Education Specialist, VISN 3 GRECC

Editorial Board

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John A. Sperandio, LCSW

Phone: 718-584-9000, x3800

Fax: 718-741-4211

Article Submissions: E-mail
annette.atanous@va.gov

